

215037293
60178

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 148	Agency Case No. B5-085017	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 4					
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/13/2015		S M T W TH F S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY 09/13/2015					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1827	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 955 West O St		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE						
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE						
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION								
NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
50.00		X		edge of lot							
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
VEHICLE NO. 1											
F 1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE						
V1/N 1	DRIVER	PHONE			LOCAL NO.						
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)						
G 2	OWNER	PHONE			LOCAL NO.						
unknown											
G 2	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
H 5	LICENSE PLATE NO.	unknown	YEAR (Plate Expires)	STATE (Of Plate)							
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE				
Unknown		unknown	Unknown body	unknown			<input type="checkbox"/> TOTALED \$				
V2/O 1	VEHICLE ID NO. (VIN)	unknown	INSURANCE COMPANY			unknown					
TOWED TO		TOWED BY			POLICY NO.						
VEHICLE NO. 2											
I 7	DRIVER LICENSE NO.	unoccupied, parked			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					
V1/P 8	DRIVER	PHONE			LOCAL NO.						
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)						
J 01	OWNER	PHONE			LOCAL NO.						
JACQUELINE K FELDHAUSEN		402-239-1277			2-8-69						
J 01	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
1700 HIGH ST, BEATRICE, NE 68310											
V1/Q 4	LICENSE PLATE PA NO.	3B312	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE					
V2/Q 3	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE				
2003		Dodge	Stratus	4 door Sedan	red	<input type="checkbox"/> TOTALED \$ 800					
V2/Q 3	VEHICLE ID NO. (VIN)	1B3EL46X03N514416			INSURANCE COMPANY	Allstate					
K 01	TOWED TO	TOWED BY			POLICY NO.	995222752					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

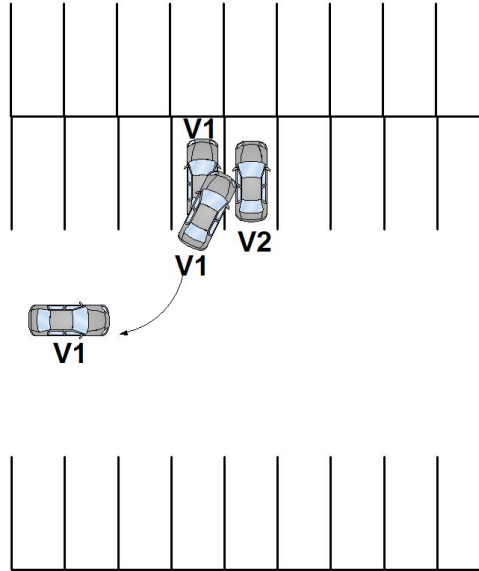
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085017



Indicate
North
by Arrow

**BIG RED KENO
955 WEST O ST**



APPROX POI:
50' N OF S
EDGE OF LOT
200' W OF E
EDGE OF LOT

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Kayla Ackland (6-16-90) parked V2 in the lot of Big Red Keno (955 West O St) at approx 1500 hrs. She returned to the vehicle at approx 1745 hrs to find paint transfer from an unknown vehicle along the driver's side of V2. The paint transfer was very faint and difficult to determine the color of V1. AGL damage was 15 inches to 19 inches. Kayla checked with Big Red Keno staff and they advised there was no surveillance video of the lot that captured the accident. No suspects at this time. Exact movement of V1 is unknown.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1	0	VEH 2	0	
1	X				private lot												
2	X				private lot												
1	13				06 Turning left	VEHICLE 1		VEHICLE 2									
2	10				08 Entering traffic lane	POINT OF IMPACT	12	POINT OF IMPACT	07								
					MOST DAMAGED AREA	12	MOST DAMAGED AREA	07									
					00 None	02		03		04							
					09 Top & windows	01		05									
					10 Undercarriage	08		07		06							
					11 Total (all areas)												
					12 Other												

OFFICER NO. 1570	TROOP/TEAM/BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Christopher Vigil		INVESTIGATOR SIGNATURE Approved by Officer Christopher Vigil	
DATE OF REPORT 09/13/2015			